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ALOPECIA AREATA.
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A L O P E C I A A R E A T A .

The following cases have come under my observation during the last nine months in my private practice. As the town in which I practice is not very large, the population being only about 9000, and as there has not been any actual epidemic of these cases, I considered the disease to be rather prevalent here. Of the actual cause of its prevalence I have not been able to satisfy myself, except so far as to exclude a parasitic or microbial origin.

The following cases I have grouped into three distinct classes, viz:---

(a) In this class, which is the commonest, and in which I show most cases, I have put all those in which the areas have occurred on the usual situation, i.e., the scalp and on various parts of it.

These areas have showed themselves as small, round, or oval patches, varying in sizes and numbers, and exhibiting the usual smooth denuded scalp.

(b) In this class, which is not so common, but which also commences in areas, as in (a) but going further, the spots becoming very numerous and large, and gradually coalescing until the whole scalp became completely denuded of its hair.

(c) In this class I have included those cases in which the spots have appeared not on the scalp but on other parts usually covered with hair, e.g. on the eyebrows, the upper lip (moustache region), the chin and neck (beard region). This is the rarest condition of the three, but in only one of the cases mentioned was the disease only on one part.

I shall now describe the individual cases in their respective classes.

Class (A).

The first case is that of a girl, age 16 years, a domestic servant. This girl had a good crop of long dark hair. She had no previous history of any disease of the scalp. The first patch appeared behind the left ear, and then another appeared in the occipital region near the margin of the hair, and then several smaller ones were noticed in the frontal region. At no time were there more than six spots altogether. The disease did not last longer than two months; the various patches having been treated, the hair very quickly grew, and there has been no recurrence of the disease since. She has several brothers and sisters, but none of them had any similar condition. She has not been able to give any reason for the disease.

(2) The next case is that of a youth of 17

years, an apprentice engineer. He had patches similar in size and number to the previous case. His spots soon disappeared except one on the border of the hair in the frontal region which was very slow in showing any signs of growing hair again, but eventually it got quite well. After a lapse of several months a recurrence took place that also soon got well. He had also a good head of hair which was dark brown. He was one of a large family, none of whom had any similar condition. He was a youth with no trace of any nervous tendency. He could not give any probable cause for the disease, nor had he any previous falling out of the hair.

(3) The next is that of a school-boy, aged 14.

His spots were first observed behind the ear in the occipital region on the left side. He had several

crops of patches, none of which became large. He became quite cured, but lately there appeared a patch in the occipital region, also two smaller ones higher up, as shown in Photograph.



He has not got a great amount of hair, but it also is dark. He has one brother who is quite free

from the disease. This boy is of a decidedly nervous temperament. He is the son of the man whose photograph is shown in Class 3 with the area on the right upper lip.

(4) This case is that of a much younger boy, aged 8. He has two patches only, both on the left side and higher up, as shown in photograph.



Later on these patches grew and coalesced into one large patch which was a long time in getting well again. This boy is very excitable and nervous, always "fidgety." He also has a plentiful supply of dark brown hair. His parents can assign no cause for the condition.

Cases 5 and 6 are similar, in that they are both women and that the patches are the only ones that have appeared; that they are both single, and occurred in the same situation, as shown in photograph.



They also both have the same cause given for the condition---illness. The one is in a woman about 40, the other is in a woman about 60. They both rapidly got well after treatment, and there has been no recurrence. In both cases, too, the hair was dark, and each had a good supply.

Case 7. is that of a woman also about 40. The only patch she had was on the vertex extending down the front of the head. The area was large, about $1\frac{1}{2}$ " in diameter. She noticed it first while she was nursing her mother, who subsequently died, and she attributes it to the mental strain at that time. Her hair was long and black and thick. After treatment for some months the hair came on again. There has been no recurrence.

Case 8. is that of a man, aged 35, a baker by trade.

The photograph shows the situation of the patch.



This patch was originally two small ones, but they extended and became as shown. He has had several others which have become well, but periodically

some other patches appear. He has long black hair with which he can cover up the patches well. He can give no cause for the disease.

Case 9. The last in this class is that of a man

aged 28. About ten years ago he had several small patches, which soon got well. About one month ago a patch appeared at the back of the head, just over the occipital protuberance in the middle line.

This spot is the only one present and there are no signs of any other. It is being treated at the present time. This man's hair is jet-black, and very plentiful. No cause can be given by him for his present condition, nor for the previous attack.

CLASS B. In this class I have two cases only, and both are in females.

The first is that of a school girl, aged 13. The disease had showed itself some months before I saw it, and as the spots were becoming more numerous and spreading, the parents became anxious. They were not able to tell me where it commenced, but at the time I saw it there were about a dozen areas present. Some were large, some small; these gradually got bigger until eventually there was no hair left except a slight fringe round the scalp at the edge. After some months of treatment the hair gradually grew in from the periphery, but irregularly, until the condition was as shown in the photographs on page 12. Three days after the photographs were taken the girl had the misfortune to break her leg, and a few days after that accident there appeared a



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distinct band, about three inches long and half an inch wide, where the hair had come out again just at the growing edge. It did not come out in any other place, and now after some months she has a good head of hair which is quite long and thick. The photographs show well the growth of the hair and how it has come in. The hair was originally dark brown, but it has grown in rather lighter in shade. The mother says that a fright may possibly have had something to do with it. This girl is distinctly of a nervous, highly strung temperament.

The second case is that of a married woman, about 40 years of age, who last winter had an attack of influenza, and it was after this illness that she noticed the hair coming out, the areas were very numerous and large, until latterly

there was no vestige of hair left. It used to come out in large quantities at a time, and she kept it and made a wig herself, which she wore while it was growing on again. I did not get a photograph of her while completely bald, but the photograph given below shows how complete a recovery she has made, the hair being now long and thick. The hair originally was dark brown, and it has grown in almost the same colour.



CLASS C.

In this class I have three cases, all of which are men. The first is that of an elderly man about 65. This man has a fine head of dark hair, slightly grey in places, but not showing any ordinary baldness or thinning which one would expect in a man of his years. The disease occurs on his right eye-brow, the extent being only about two-thirds, the outer third being quite covered with hair.



The photograph on page 15 shows the condition fairly well, also the good supply of hair on the head. This condition has lasted about six months before there was any appearance of recovery, but now there is distinct evidence that the hair is coming on the eye-brow again. There has been no history of injury to the supraorbital nerve, or of any neuralgia or head-ache. About three months after this was noticed, several other spots appeared at the back and side of the head; these, however, soon got well, though the hair has come in quite grey. I have not been able to get any cause for the condition.

Case 2. is that of a man, aged 40, a joiner by trade.

He shows the unusual condition of a patch on the upper lip, picking out a small part of the mous-

tache. The photograph shows the exact position well.



His moustache is rather scanty, though he has plenty of hair on his head. The disease has lasted over a year, but now it is almost well, the hair having grown quite the same shade as the rest of his

moustache. He has had no evidence of the disease on the scalp. The spot was noticed first after a severe attack of rheumatic fever. This man is the father of the boy, case 3, Class A.

Case 3. is that of a man aged 35. He has numerous small areas distributed over his chin and neck, on the region of the beard, but as he always shaves, I have not obtained a photograph. He sometimes has patches on the head, but his hair is long so they can be concealed. His hair is very long and very black. The areas on the chin and neck come and go but never become very large. He fancies that the condition was caused by electric shocks which he had got some months ago while experimenting with accumulators for a motor.

The etiology of Alopecia Areata has given rise to much controversy, the chief theory being that it is a noncontagious disease of those parts usually covered with hair, due to some tropho-neurosis causing an atrophied condition of the hair follicles, and also a like condition of the underlying tissues of the parts affected, and originating by some peculiar nerve disturbance which causes impaired or defective nutrition of the hair follicles and of the hair, causing the hair to fall out. The other views of its cause are that it is a micro-organismal disease, e.g., as in seborrhoea, according to Sabourand, there being a close relationship between seborrhoea and Alopecia, or that it is due to a fungus similar to that found in tinea tonsurans.

In the foregoing cases the nervous element takes part in several cases, and especially is it well marked in the girl who had the broken leg, and also in the woman who had the influenza. In the others none suffered from any marked degree of seborrhoea, and in three of the cases in which there was any possibility of tinea, I was not able to find any trace of the ringworm trichophyton present. I think I can, therefore, put all these cases down to some neurotrophic disturbance, even although in some cases there is no definite history of such.

On analyzing these cases several facts present themselves. There was no case in which the hair was fair; in every case it was dark, either black or brown. Also in some of the cases the hair

was remarkably long and thick, the scalp in all cases being well covered. There were no other members of the family affected in the younger cases, except in that where father and son were affected. The most frequent origin of the disease seems to have been in the occipital region and behind the ears, but the areas have appeared in any part of the head. I have already mentioned that there was no case in which there was any great scurfiness of the hair, which, as a rule, leads to premature baldness. None of these cases have occurred in the very poor classes, and, as a result of the new Medical examination of School Children, one would have expected to have seen many of these cases, so it is natural to suppose it is not very

prevalent with them. The ages of these cases vary from 8 years to over 60, and is equally prevalent in both sexes. In all the cases the home surroundings and mode of living and employment have been quite satisfactory.

PROGNOSIS.

This disease is one which the medical man can, as a rule, give a very good prognosis. I was able to do so in all of these, although those of the upper lip and eyebrow were very slow in showing any improvement for many months. In cases where it occurs in older patients there is less chance of complete recovery, but in nearly all younger people the prognosis is very hopeful except in those, possibly, where there has also been ring-worm.

TREATMENT.

As to the treatment, I do not think there is really any specific, as in many cases where no active treatment has been given growth took place; of course, after an attack of influenza or general illness, the usual tonics acting generally will help. In nearly all the cases with the small patches, I have used the B.P. Liquor Epispasticus to blister the parts. I have applied this about once a week until the fine lanugo hairs have begun to show themselves. This, along with massage of the scalp, has been all the treatment I have given. In those cases where the larger patches were present, and also in those where there was complete baldness, I prescribed a hair-wash of the following:---

87. Liquor. Ammon. fort. 1 part,
 Ol. Amygdalae, 1 part,
 Tinct. Cantharides, 1 part,
 Spirit. Rosmarini, 5 parts.

This hair-wash was applied to the scalp night
 and morning, with massage to the parts. There is
 no doubt but that this wash has a stimulating
 action. The man with the patch on the lip had
 tried all sorts of ointment and applications, so
 it is difficult to give the credit to any distinct
 one.

*The photographs were taken by W. A. Smith.
 Stratford on Avon.*